

**TRANSFER  
TAX  
PAID**

Return to:

Gerald F. Joseph Jr.  
50 Pleasant Street Unit 9  
Waterville, ME 04901

**WARRANTY DEED**

KNOW ALL MEN BY THESE PRESENTS: That we, **Michelle A. Hughes**, of 24 Fox Ridge Road, Epping, NH 03042, and **Denise G. Bateman f/k/a Denise G. Phinney**, with a mailing address of P.O. Box 324, Windham, ME 04062, for consideration paid, grant to **Gerald F. Joseph Jr.**, of 4 Crommett Street, P.O. Box 2854, Waterville, ME 04901, with WARRANTY COVENANTS:

SEE ATTACHED EXHIBIT A.

MEANING and INTENDING to describe and convey the same premises conveyed to the grantors herein by deed of June R. Caron dated August 28, 2003 recorded at Book 7620, Page 113 in the Kennebec County Registry of Deeds. June R. Caron retained a Life Estate in said premises, however, died April 12, 2007; death certificate to be recorded in the Kennebec County Registry of Deeds.

We, the grantors herein hereby release all rights of homestead in the above-described premises.

Executed this 4<sup>th</sup> day of September, 2008.

Michelle A. Hughes  
Michelle A. Hughes

Denise G. Bateman  
Denise G. Bateman  
f/k/a Denise G. Phinney

State of ME Kennebec  
County of

08/04/2008



Then personally appeared before me the said Michelle A. Hughes and Denise G. Bateman f/k/a Denise G. Phinney and acknowledged the foregoing to be their voluntary act and deed.

Catherine M. Kesler  
Notary Public/Justice of The Peace  
Commission expiration: 11/24/2012  
Catherine M. Kesler

(4) Mark J. Sturt

48-160-9

EXHIBIT A

A certain lot or parcel of land located in the City of Waterville, County of Kennebec and State of Maine, bounded and described as follows:

Unit #9 BASEMENT FLOOR LEVEL, on the left rear of the building known as Pleasantdale Condominium which unit is more fully described in Section IV of the Declaration of Pleasantdale Condominium Associates dated March 3, 1977, and recorded in the Kennebec County Registry of Deeds in Book 1979, Page 66 and an Amendment to Declaration of Condominium dated May 9, 1977, recorded in the Kennebec County Registry of Deeds in Book 1999, Page 108, and a further Amendment dated March 15, 1983, and recorded in said Registry in Book 2547, Page 222, and a further Amendment dated October 20, 1997, and recorded in said Registry in Book 5485, Page 211, and also as described in a certain Plan of Pleasantdale Condominium dated March 3, 1977, and recorded in the Kennebec County Registry of Deeds in File No. B-77022 through 77026, and a Plan entitled "Amended Floor Boundary Plans (Units 4, 5, 8 & 9)" dated October 9, 1997 and recorded in said Registry in File No. E-97243, to which reference may be had for a more particular description; together with an equal and undivided portion of common elements and/or common property as defined in Section V of said Declaration and also an equal and undivided fee in a certain parcel of land situated on the westerly side of Pleasant Street in the City of Waterville, County of Kennebec and State of Maine, bounded and described as follows:

Commencing at an iron rod at the northeast corner of land formerly of J.C. Fuller; thence westerly on the northerly line of land formerly of said Fuller and in the same line continued on the north side of land formerly of Mrs. Augusta A. Perkins, about four hundred nine and one-half (409.5) feet, to land formerly owned by George F. Gilman; thence northerly on the easterly side of said Gilman's land to land formerly of Dr. Paul R. Baird; thence easterly on said Baird's south line about three hundred eighty-three and one fourth (383.25) feet, to Pleasant Street; thence southerly on Pleasant Street about ninety-six and three-tenths (96.3) feet to the point of beginning.

Any and all rights, easements, privileges, appurtenances, and common elements are hereby conveyed.

Pleasantdale Condominium and the Unit conveyed herein is governed by the above referenced Declaration of Condominium and Amendments to Declaration of Condominium which are incorporated herein by reference and also the By-Laws of Pleasantdale Condominium Associates, a Maine nonstock corporation which By-Laws are recorded in the Kennebec County Registry of Deeds in Book 1979, Page 57, and an amendment to said By-Laws recorded in the Kennebec County Registry of Deeds in Book 1999, Page 113.

CERTIFICATION OF VITAL RECORD

STATE OF MAINE

STATE OF MAINE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

STANDARD FORM

NAME KNOWN TO PHYSICIAN		STATE OF MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES		Master File Number	
1a. FIRST NAME JUDITH		1b. MIDDLE NAME L.		1c. LAST NAME CROON	
2. DATE OF DEATH (Mo, Dy, Yr) 04-12-2007		3. SEX F		4. SOCIAL SECURITY NUMBER 006-30-8590	
5a. AGE (Yrs) 71		5b. UNDER 1 YEAR Months		5c. UNDER 1 DAY Months	
6. DATE OF BIRTH (Mo, Dy, Yr) 04-14-1935		7. PLACE OF DEATH (Check only one) HOSPITAL <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
8. BIRTHPLACE (City and State or Foreign Country) Waterville, Maine		9. WAS INCIDENT EVER IN THE ARMED FORCES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
10. FACILITY NAME (If not Institution, give street and number) Lakewood Continuing Care Center		11. COUNTY OF DEATH Kennebec		12. CITY OR TOWN OF DEATH Waterville	
13. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced		14. DECEASED'S USUAL OCCUPATION (Give day of week) Teller		15. KIND OF BUSINESS / INDUSTRY Banking	
16. DECEASED'S USUAL RESIDENCE (Give day of week) 12		17. ANCESTRY - French, English, Irish, etc. (Specify) American		18. RACE - American Indian, Black, White, etc. (Specify) White	
19. RESIDENCE STATE Maine		20. RESIDENCE CITY OR TOWN Waterville		21. RESIDENCE STREET AND NUMBER 30 Pleasant Street	
22. FIRST NAME Romeo		23. MIDDLE NAME N/A		24. LAST NAME Lamory	
25. FIRST NAME Alice		26. MIDDLE NAME N/A		27. LAST NAME N/A	
28. INFORMANT - NAME (Type or Print) Michelle Hughes		29. ADDRESS ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 24 Fox Ridge Road Epping, NH 03042			
30. METHOD OF DEATH (Type or Print) Natural		31. DATE OF DEATH (Mo, Dy, Yr) 04-18-2007			
32. PLACE OF DEATH (Name of Institution, Cemetery, or other place) Mouth Hope Crematory		33. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON Vieux Funeral Home 8 Elm Street Waterville, Maine 04901			
34. SIGNATURE OF PHYSICIAN, PATHOLOGIST OR AUTHORIZED PERSON <i>[Signature]</i>		35. SIGNATURE OF FACILITY OR AUTHORIZED PERSON <i>[Signature]</i>			
36. LICENSE NUMBER P83305		37. FEDERAL ESTABLISHMENT LICENSE NUMBER H08146			
38. DATE OF THIS CERTIFICATE (Mo, Dy, Yr) 4/16/2007		39. DATE OF DEATH (Mo, Dy, Yr) 4/16/2007			
40. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) William Bennett M.D.		41. NAME AND ADDRESS OF CERTIFIER (Type or Print) Hon. Maxine M.D. 109 Silver Street Waterville, Maine 04901			
42. SIGNATURE OF PHYSICIAN <i>[Signature]</i>		43. DATE OF DEATH (Mo, Dy, Yr) APR 17 2007			
44. TIME OF DEATH (Mo, Dy, Yr) 4:00		45. TIME OF DEATH (AM or PM) PM			
46. TIME OF DEATH (Mo, Dy, Yr) APR 17 2007		47. TIME OF DEATH (AM or PM) PM			
48. TIME OF DEATH (Mo, Dy, Yr) APR 17 2007		49. TIME OF DEATH (AM or PM) PM			
50. TIME OF DEATH (Mo, Dy, Yr) APR 17 2007		51. TIME OF DEATH (AM or PM) PM			
52. TIME OF DEATH (Mo, Dy, Yr) APR 17 2007		53. TIME OF DEATH (AM or PM) PM			
54. TIME OF DEATH (Mo, Dy, Yr) APR 17 2007		55. TIME OF DEATH (AM or PM) PM			
56. TIME OF DEATH (Mo, Dy, Yr) APR 17 2007		57. TIME OF DEATH (AM or PM) PM			
58. TIME OF DEATH (Mo, Dy, Yr) APR 17 2007		59. TIME OF DEATH (AM or PM) PM			
60. TIME OF DEATH (Mo, Dy, Yr) APR 17 2007		61. TIME OF DEATH (AM or PM) PM			
62. TIME OF DEATH (Mo, Dy, Yr) APR 17 2007		63. TIME OF DEATH (AM or PM) PM			
64. TIME OF DEATH (Mo, Dy, Yr) APR 17 2007		65. TIME OF DEATH (AM or PM) PM			
66. TIME OF DEATH (Mo, Dy, Yr) APR 17 2007		67. TIME OF DEATH (AM or PM) PM			
68. TIME OF DEATH (Mo, Dy, Yr) APR 17 2007		69. TIME OF DEATH (AM or PM) PM			
70. TIME OF DEATH (Mo, Dy, Yr) APR 17 2007		71. TIME OF DEATH (AM or PM) PM			
72. TIME OF DEATH (Mo, Dy, Yr) APR 17 2007		73. TIME OF DEATH (AM or PM) PM			
74. TIME OF DEATH (Mo, Dy, Yr) APR 17 2007		75. TIME OF DEATH (AM or PM) PM			
76. TIME OF DEATH (Mo, Dy, Yr) APR 17 2007		77. TIME OF DEATH (AM or PM) PM			
78. TIME OF DEATH (Mo, Dy, Yr) APR 17 2007		79. TIME OF DEATH (AM or PM) PM			
80. TIME OF DEATH (Mo, Dy, Yr) APR 17 2007		81. TIME OF DEATH (AM or PM) PM			
82. TIME OF DEATH (Mo, Dy, Yr) APR 17 2007		83. TIME OF DEATH (AM or PM) PM			
84. TIME OF DEATH (Mo, Dy, Yr) APR 17 2007		85. TIME OF DEATH (AM or PM) PM			
86. TIME OF DEATH (Mo, Dy, Yr) APR 17 2007		87. TIME OF DEATH (AM or PM) PM			
88. TIME OF DEATH (Mo, Dy, Yr) APR 17 2007		89. TIME OF DEATH (AM or PM) PM			
90. TIME OF DEATH (Mo, Dy, Yr) APR 17 2007		91. TIME OF DEATH (AM or PM) PM			
92. TIME OF DEATH (Mo, Dy, Yr) APR 17 2007		93. TIME OF DEATH (AM or PM) PM			
94. TIME OF DEATH (Mo, Dy, Yr) APR 17 2007		95. TIME OF DEATH (AM or PM) PM			
96. TIME OF DEATH (Mo, Dy, Yr) APR 17 2007		97. TIME OF DEATH (AM or PM) PM			
98. TIME OF DEATH (Mo, Dy, Yr) APR 17 2007		99. TIME OF DEATH (AM or PM) PM			
100. TIME OF DEATH (Mo, Dy, Yr) APR 17 2007		101. TIME OF DEATH (AM or PM) PM			

FORM A 200802441A  
BOOK 1849 PAGE 0094

SEAL

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE ABSTRACT OR COPY OF A CERTIFICATE OR RECORD WHICH IS IN MY OFFICIAL CUSTODY.

TOWN OF: WATERVILLE

DATE ISSUED: APR 17 2007

ATTEST: *[Signature]*

STATE REGISTRAR/MUNICIPAL CLERK/STATE ARCHIVIST  
VS-31 R0806 This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

# CERTIFICATION OF VITAL RECORD

## STATE OF MAINE

3455

Place of Birth		Place of Residence		Place of Death	
Maine		Maine		Maine	
NAME KNOWN TO PHYSICIAN					
Jude R. Caron					
DEPARTMENT OF HEALTH AND HUMAN SERVICES					
CERTIFICATE OF DEATH					
STANDARD FORM					
1. FIRST NAME		2. MIDDLE NAME		3. LAST NAME	
Jude		R.		Caron	
4. DATE OF BIRTH (MM/DD/YY)		5. SEX		6. DATE OF DEATH (MM/DD/YY)	
04-12-2007		F		04-14-1935	
7. PLACE OF BIRTH (City and State or Foreign Country)		8. SOCIAL SECURITY NUMBER		9. PLACE OF DEATH (Check one)	
Waterville, Maine		007-30-2606 -886-38-8990		10. HOME <input checked="" type="checkbox"/> 11. RESIDENCE <input type="checkbox"/>	
12. FACILITY NAME (If not in Maine, give street and number)		13. COUNTY OF DEATH		14. CITY OR TOWN OF DEATH	
Lakewood Continuing Care Center		Kennebec		Waterville	
15. MARRIAGE STATUS		16. MOST RECENT SPOUSE (Last name, first name, date of marriage)		17. DECEASED'S USUAL OCCUPATION (Last one or more)	
<input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		N/A		Teller	
18. DECEASED'S EDUCATION (Specify only highest grade completed)		19. ANCESTRY (Specify only race)		20. RACE (Specify only race)	
12		0		White	
21. RESIDENCE STATE		22. RESIDENCE COUNTY		23. RESIDENCE CITY OR TOWN	
Maine		Kennebec		Waterville	
24. RESIDENCE STREET AND NUMBER		25. RESIDENCE CITY OR TOWN		26. RESIDENCE STATE	
50 Pleasant Street		Waterville		Maine	
27. FATHER'S NAME		28. MOTHER'S NAME		29. MIDDLE NAME	
Romeo		Alice		N/A	
30. FATHER'S NAME		31. MOTHER'S NAME		32. MIDDLE NAME	
Romeo		Alice		N/A	
33. DECEASED'S NAME (Type or Print)		34. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code)			
Michelle Hughes		24 Fox Ridge Road Epping, NH 03042			
35. METHOD OF DISPOSITION		36. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		37. DATE OF DISPOSITION (MM/DD/YY)	
<input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify)		Bangor, Maine		04-18-2007	
38. SIGNATURE OF FUNERAL DIRECTOR OR AUTHORIZED PERSON		39. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON		40. SIGNATURE OF DECEASED	
[Signature]		Velleux Funeral Home 8 Elm Street Waterville, Maine 04901		[Signature]	
41. LICENSE NUMBER		42. PLURAL ESTABLISHMENT LICENSE NUMBER		43. CERTIFIED TRUE COPY (Type or Print)	
PR9306		H09166		44. DATE (MM/DD/YY)	
45. NAME OF ATTENDING PHYSICIAN (Type or Print)		46. NAME AND ADDRESS OF CERTIFIER (Type or Print)		47. TIME OF DEATH	
William Bennett M.D.		Ron Marrache M.D. 109 Silver Street Waterville, Maine 04901		4:00 AM	
48. REGISTRAR'S SIGNATURE		49. DATE FILED (MM/DD/YY)		50. DATE OF DEATH (MM/DD/YY)	
[Signature]		APR 17 2007		04-14-2007	
51. WAS AN AUTOPSY PERFORMED?		52. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		53. MANNER OF DEATH	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Natural	
54. PART I. Enter the disease, injury, or complication which caused the death. Do not enter the mode of dying, such as cardiac arrest, stroke, or heart failure. Use only one code on each line.		55. PART II. Enter the disease, injury, or complication which caused the death. Do not enter the mode of dying, such as cardiac arrest, stroke, or heart failure. Use only one code on each line.		56. PART III. Enter the disease, injury, or complication which caused the death. Do not enter the mode of dying, such as cardiac arrest, stroke, or heart failure. Use only one code on each line.	
IMMEDIATE CAUSE (If not disease or injury, specify cause of death)		DUE TO (OR AS A CONSEQUENCE OF)		DUE TO (OR AS A CONSEQUENCE OF)	
Breast Cancer, Metastatic					
57. IMMEDIATE CAUSE (If not disease or injury, specify cause of death)		DUE TO (OR AS A CONSEQUENCE OF)		DUE TO (OR AS A CONSEQUENCE OF)	
58. IMMEDIATE CAUSE (If not disease or injury, specify cause of death)		DUE TO (OR AS A CONSEQUENCE OF)		DUE TO (OR AS A CONSEQUENCE OF)	
59. IMMEDIATE CAUSE (If not disease or injury, specify cause of death)		DUE TO (OR AS A CONSEQUENCE OF)		DUE TO (OR AS A CONSEQUENCE OF)	
60. IMMEDIATE CAUSE (If not disease or injury, specify cause of death)		DUE TO (OR AS A CONSEQUENCE OF)		DUE TO (OR AS A CONSEQUENCE OF)	

Send to:  
Michelle Hughes  
24 Fox Ridge Rd  
Epping, NH  
03042

Received Kennebec Co.  
4/18/2008 9:57am  
B. Drake & Associates  
RECEIVED DISTRICT CLERK  
REGISTER OF DEEDS  
Doc # 2008024414  
Book 9849 Page 0095



I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE ABSTRACT OR COPY OF A CERTIFICATE OR RECORD WHICH IS IN MY OFFICIAL CUSTODY.

MAY 30 2007

TOWN OF:

DATE ISSUED:

Donald R. Leming

ATTEST:

STATE REGISTRAR/  
DEPUTY STATE REGISTRAR

STATE REGISTRAR/MUNICIPAL CLERK/STATE ARCHIVIST

VS-31 R0606 This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE.